

**Family Medicine Residency Program
Department of Family Medicine and Emergency Medical Services
Tripler Army Medical Center
1 Jarrett White Road
Tripler AMC, Hawai'i 96859-5000**

**Information Packet
Newborn Special Care Unit at Kapi'olani Medical
Center for Women and Children Rotation**

In addition to those requirements outlined in the goals and objectives for this rotation, the following are additional requirements for this rotation.

- Complete the Hawai'i Pacific Health agreement form and return it to the Residency Administrative Assistant ***no later than 1 August*** of academic year that you will be doing this rotation.
- Be familiar with the Guidelines for TAMC FM Resident Newborn Rotation while rotating at Kapi'olani.
- A current permanent or temporary Hawai'i license. **Out of state license not acceptable for this rotation.**
- Copy of your medical school diploma (this is a Medicaid requirement). This should of been given to the Residency Administrative Assistant at the start of your internship/residency year.
- Institutional/Resident Agreement contract that you signed at the beginning of your residency training (this is a Medicaid requirement as well) from the Graduate Medical Education office.
- Log on to the UH Pediatric Resident Call Schedule at www.amion.com to find out your call schedule for this rotation. Your Login ID is: kappeds.

This packet was last updated on Monday, March 12, 2007.

Guidelines for Family Medicine Residents

Welcome to the Intermediate Nursery in the Newborn Special Care Unit (NBSCU) at Kapi'olani Medical Center for Women and Children. The NBSCU is a 42-bed unit divided into two patient care areas, the Neonatal Intensive Care Unit (NICU) and Newborn Intermediate Nursery (NINT). Because the patient census often exceeds the capacity of the NBSCU, the NINT also "flows" into two wards on the second floor, rooms 250 and 251. Each of these rooms accommodates four (4) patients. There are three (3) Medical Care Teams that cover the NBSCU, the NICU team, the NINT team, and the 3rd Attending Service. The 3rd Attending independently covers patients (without resident assistance) and is, therefore, a non-teaching service. There are also a few private pediatricians who see their own babies with resident coverage. Communication should occur between you and the private pediatrician on a daily basis. The Nurse patient ratio in the NINT is 1:4. Additional personnel include respiratory therapists, social workers, and case managers/discharge planners. The case managers are invaluable in providing guidance, information, and assistance with discharge planning.

The remainder of this document outlines more specific information regarding your role and responsibilities in the NINT. We hope you enjoy the rotation and find it to be a valuable learning experience.

1. Four (4) weeks in the NINT (Level 2 newborn care).
2. On-call (nights and weekends): for L&D and normal nursery, with a certified pediatric resident.
 - Attend medium and high risk deliveries.
 - Evaluate problems in the normal newborn nursery.

A Neonatologist is in-house 24 hours a day (this person is your ultimate backup).

- Weekdays: Call starts at 1630 and ends at 0700 the next day.
- Weekends/Holidays: Call starts at 0700 and ends at 0700 the next morning.

These are the time for the beeper exchange and sign out. Please refer to the daily schedule posted in the neonatology office on the 3rd floor. If switches are made and agree upon (by the chief resident, attending and the parties involved), please notify the operators (983-6000) and Dr. Meister (pager 363-9726).

The chief resident makes the night calls schedule. Please direct all call night questions (and switches) to the Chief through the operator or the Department of Pediatrics, 983-8387. Dr. Meister makes the beeper and day off assignments.

You will always be on-call with a pediatric resident who should be able to orient you to the required paperwork (on the computer), the place, and the protocols.

3. Routine duties:

You will be responsible for patients in the Intermediate Nursery (similar to the pediatric residents and Neonatal Nurse Practitioners (NNPs)).

- Round on assigned patients (neostaff and private patients):
 - Primary person responsible for patient care.
- Present patients on rounds with neo attending (for neostaff patients):
 - Discussion of assessment and plans.
 - Bedside teaching.
- Communicate with private attendings on their patients, accomplished by:
 - Speaking with the attending in person or by phone.
 - Reading the attending's progress note.
- Write orders (the vast majority are now computerized):
 - All IV orders need to be rewritten daily.
 - Discharge medications are written on a special form.
 - HAL orders are done with the hyperal pharmacist in the unit.
 - Special forms for antibiotics, transfusions, CT scans, contrast xrays, MRIs.

Daily notes must be written on "private patients", including those that you may cross-cover. For "neostaff" patients, the Karelink Neonatology Summary Note should be regularly updated as it serves as a Transfer or Off-Service Note, and Discharge.

Sign-out verbally to resident on-call for NICU/NINT. A sign-out sheet is also helpful for the on-call residents. Whenever you leave (done for the day, going to clinic, taking a day off, etc.) be sure to notify the attending Neonatologist and communicate your sign-out to the person responsible for covering your patients while you re gone. Do not take flow sheets home (people refer to these when they re on call).

Counseling families is a major part of your duties in the NINT. This should be done on admission, as daily follow-up, and as an infant approaches discharge. Anticipatory guidance: diagnostic and management plans should be discussed with the parents, especially procedures. Call neighbor island families at least twice a week if the are not able to visit in person. The other residents, NNPs, or the attending can show you how to make these calls.

Evaluate and workup problems in the normal nursery (for admission to the NINT). Also evaluate/assess problems that arise for patients in the NINT.

H&P (History and Physical) are done on Karelink. The not used for all infants admitted to the NBSCU is the "NSCU History and Physical". Please print a copy for the resident who will take over the infant's care in the morning. **Admissions must be discussed with the attending (Neonatologist or Private physician)**. The attending will add an additional abbreviated note to your NSCU H&P.

It is recommended that you attend multidisciplinary discharge planning rounds (held Tuesday at 1130 in the NI/PI conference room). These rounds are held to coordinate discharge needs for the infants. You will learn about what these children need once they go home as well as what resources are available to the families in the community.

4. Medical Records.

The Neonatology Summary Note must be completed on the **day of discharge**. The follow-up PMD must also be contacted by phone.

Residents are responsible for completing medical records for infants under their care during the rotation.

It is recommended that the resident check with medical records once a week for unsigned charts, x8610. After the rotation, please check back as it does take some time for the charts to be reviewed and flagged. Inadequate summaries will be sent back to the resident for correction. Unless otherwise noted, **the discharging resident is the resident who writes the orders for discharge and is responsible for completing the Neonatology Summary Note.**

Other things that need to be signed: face sheet (diagnoses and procedure list usually at the front of the chart). This can be filled out on an on-going basis, but the discharging resident is ultimately responsible.

5. Participate in teaching sessions with the attending Neonatologist with other team members. May also participate in teaching sessions with the nursery and NICU teams.

6. Deliveries during the daytime.

Go to deliveries with the certified pediatric resident or NNP carrying the L&D beeper during the day when you are scheduled (see posted schedule in the Neo office). You may attend additional deliveries, if you are available, even when not scheduled.

Call operator to ask for a simultaneous page for deliveries. Beeper schedule posted in the neonatology office. See Dr. Meister for questions about the schedule. Days off are also posted on this schedule. Please review for potential schedule conflicts when you start the rotation. Remember that this schedule is done based upon the call schedule created by the chief resident.

The certification process includes: NRP trained (five (5) intubations, one (1) high risk delivery, one (1) bag-mask ventilation, 25 medium-high risk deliveries (supervised by certified resident, NNP, transport nurse, or neonatologist).

7. Procedures in the NICU/INT nursery (notify the team that you would like to be called and make you're your self available).

- Intubations
- UAC/UVC
- Circumcision
- Lumbar puncture
- IVs, radial arterial puncture, venipuncture
- Chest tubes/thoracentesis

The senior resident, NNP, or attending may supervise procedures.

8. Curriculum expectations: see the curriculum guide for pediatric residents under Intermediate Nursery section.

9. Computer codes.

General hospital computer codes should be assigned at the beginning of the academic year; however, it is essential to see Ms. Faith Kanno-Tom on the 7th floor (Pediatric Department Secretary) one (1) week prior to starting the NINT rotation for:

- Karelink training information
- SMS computer code (labs)
- Parking
- Hospital ID

10. If there is an evaluation from that needs to be filled out, please give it to the attending you spend the most time with or give one copy to each attending.

11. **Other practical things for the unit:**

- Notify the nurse caring for the patient about the orders you wrote so they understand your orders and so it gets done in a timely fashion.
- Two (2) minute scrub is required at the beginning of the day and when returning after having left the hospital. Hand washing must occur between patients either with standard antiseptic soaps or an alcohol-based waterless agent.
- Questions that arise in the Newborn Nursery should be directed to the Private Attending or NINT Neonatology Attending as is appropriate. ***Be sure to check if the patient has a private attending before going to the Neonatologist, UNLESS it is an emergency.***
- Please direct problems in the unit to the attending Neonatologist and/or to the nurse in charge.
- Residents do not get keys for the neo office. Access is thru the small conference room next to the NICU side of the unit. Scrubs are in the

bathroom in the office or call housekeeping if it has run out. Towels are also available for use.

- The call rooms for the NICU/NINT nursery and L&D residents on call are in the neo office. There is also a shower. This is where the on service residents keep their things during the day. The individual rooms are not locked, but the outer door is kept locked.
- Again, hand washing is required between EVERY patient. Even if gloves are used.
- **DO NOT** put charts or papers on the floor!
- The nurses change shifts at 0700 and at 1900. Please be cognizant that they will need to use the charges when they sign-out to each other.
- Please check with the patient's nurse before examining the infant. They can give you any update; bring your attention to a new rash, ask you to wait a little until the feeding time if the infant is particularly fussy, etc.

Daily Schedule

Weekdays	~0500 – 0800	Pre-round
	0800 – 1000	Round with attending (Thurs from 0900) – time may vary.
	1000 – 1630	Orders, notes, deliveries, etc.
	1630	Sign-out to resident on-call for NICU/INT nursery (attendings sign-out at 1600, attend these rounds if possible)
Weekends	~0500 – 0800	Pre-rounds (average hours)
	0800	Sign-in rounds with attending (also sign-out to resident on call for the NICU/INT nursery)
Holidays	Same as weekends	
Conferences	Monday noon conference	1230 – 1330 (auditorium)
	Resident conferences	1230 – 1330 (Tues, Wed, Fri)
	Grand Rounds	0800 – 0900 (Thurs auditorium)
	Infectious disease conference	1230 – 1330 (Thurs)
	Neuroradiology conference	0800 – 0900 (third Friday)

Kindly remind/notify the team re:

- Days off
- Clinic days
- Conference times
- Times when you will be unavailable

The monthly schedule of call, clinics, and days off, primary and secondary beeper responsibilities will be posted in the Neonatology office (3rd floor) approximately 1-2 weeks before the start of the new rotation. Call Dr. Joan Meister for changes/comments etc.

The following specific agreement to use Hawaii Pacific Health and its affiliated organizations (collectively "HPH") information technology and systems is applicable to all HPH staff, employees, medical staff, volunteers, students, and contractors regardless of their job classification or position.

I agree that I will comply with the policies, procedures, standards and rules of HPH and explicitly understand that:

- HPH information technology and systems are provided to support the mission of HPH and any use of the systems for purposes other than supporting that mission is prohibited including use of the system for personal use, commercial gain, supporting social causes without prior authorization by appropriate HPH management, or furthering any unlawful or inappropriate act.
- All information processed through HPH information technology and systems is assumed to be HPH business information. I understand that appropriate HPH personnel may review and monitor system information. Authorized personnel within HPH have the right to access all E-mail or other documents stored or processed on HPH information technology and systems. I expressly understand that I have no rights of privacy over materials included in these documents or E-mail transmittals.
- Internet use/Intranet access, if available to me, is provided only to support the HPH mission and use of the Internet/Intranet for personal purposes is prohibited. I understand that Internet use/Intranet access can be monitored and filtered at anytime by authorized HPH staff.
- I am responsible for maintaining the security of any passwords issued to me and I will not share those passwords with anyone. I will not allow anyone else to use my user sign-on or password to access information. I understand that my sign-on and password is the equivalent of my signature, and I will be accountable for all activity associated with my sign-on and password. I will not attempt to learn any other user sign-on or passwords nor will I use any other identification codes or passwords other than my own. If I have reason to believe that my identification code or password is known, lost or stolen, I will immediately notify the Help Desk.
- I will not copy any data or computer programs to any other device or media without authorization.
- I will print reports or any other information from the medical record only when absolutely necessary. At no time should duplicate copies be made of any computer generated reports without authorization. I agree to protect patient, employee and corporate confidentiality by using care in handling printed reports containing confidential information.
- I will not access data on myself, patients, and/or other employees for whom I have no direct medical, billing or other operational responsibility. Access to my personal medical record is prohibited without proper authorization from the Health Information Management Department. I will contact the Health Information Management Department if I need to obtain information from my medical record.
- Except as authorized in connection with my assigned duties, I will not at any time use, access, for purposes of inquiry, manipulation, deletion or alteration any data outside the scope of my job responsibility. I will not disclose to others (including co-workers, friends, and family members) any patient information, business, financial, employee or other confidential information for any purpose outside the scope of my job responsibility. I will not intentionally damage, corrupt, or inappropriately delete any data or computer programs. I understand that this obligation survives termination of employment or contractual relationship or participation in educational programs (e.g., residents, healthcare students, etc.) or access to HPH information technology and systems. I understand that my privileges hereunder are subject to periodic review, revision, and if appropriate, renewal.
- I will protect to the fullest extent the patients' right to confidentiality of all medical and personal information. I will immediately notify my supervisor upon witnessing any unauthorized persons accessing or attempting to access the computer system.
- HPH retains in its sole discretion the right to limit, restrict, and discontinue any access privileges granted to me at any time. I understand that any violation of this agreement is grounds for disciplinary action up to and including termination of employment or contractual relationship or participation in educational programs (e.g., residents, healthcare students, etc.).

I have read and agree to the above.

Print User Name

User Signature

Pediatrics

Department

Date

☐ Non-employee employed by:

☐ Remote Access (Portal) User